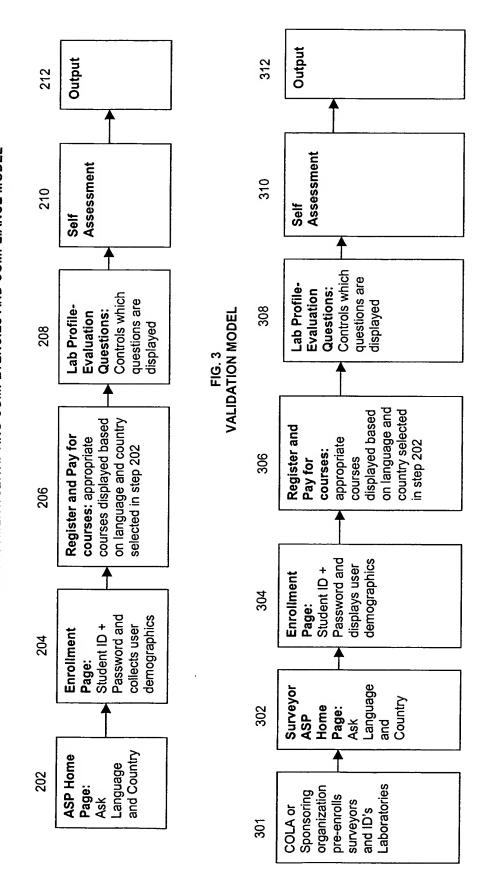
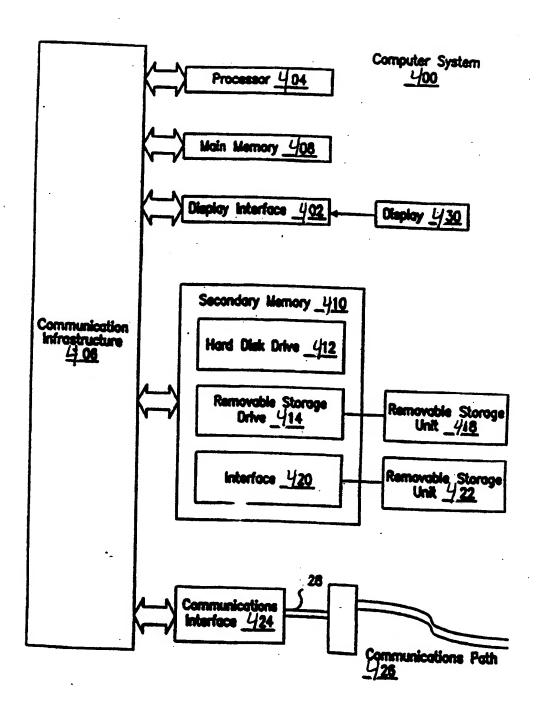


FIGURE 1

FIG. 2
ASSESSMENT/CERTIFYING COMPETENCIES AND COMPLIANCE MODEL







## LABUNIVERSITY

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## **New Student Enrollment**

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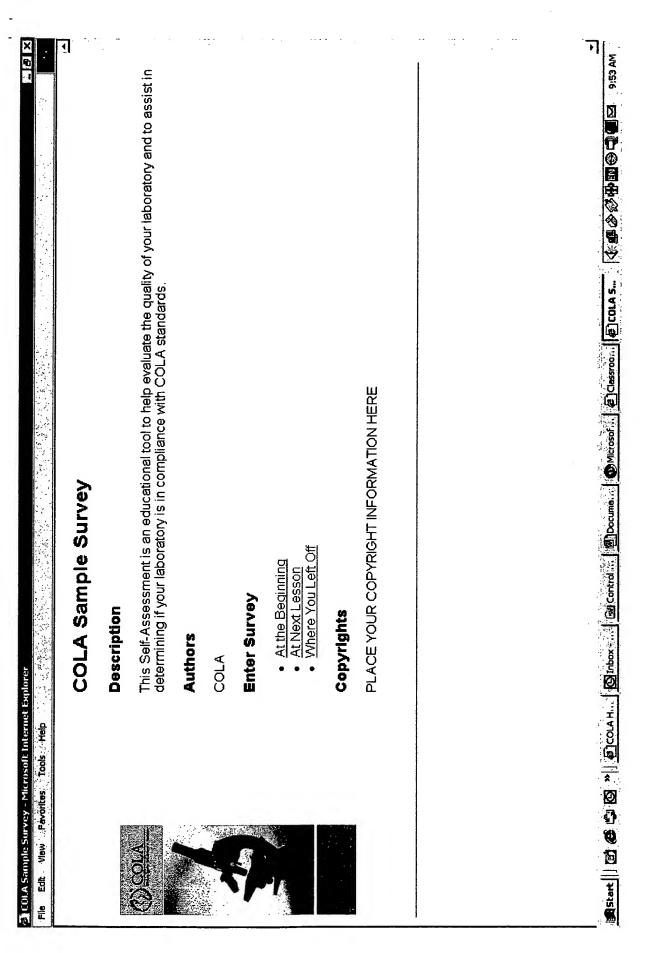
Before you enroll, we will need some information about you. Please fill out the following form. The fields with titles in bold are mandatory. Your affiliated organization may require additional information to complete your enrollment. Click the Submit button to continue your enrollment.

Assign yoursel	f a Student ID and Password.
Student ID: Password: Your Name:	Verify Password:
that require the Organization re	Affiliation  e Organization with which you are affiliated from the list below. Organizations entry of an enrollment key have an * preceding their list entry. If your quires an enrollment key and one has not been provided to you, contact an om your Organization.
Organization: Enrollment Ke	ey:

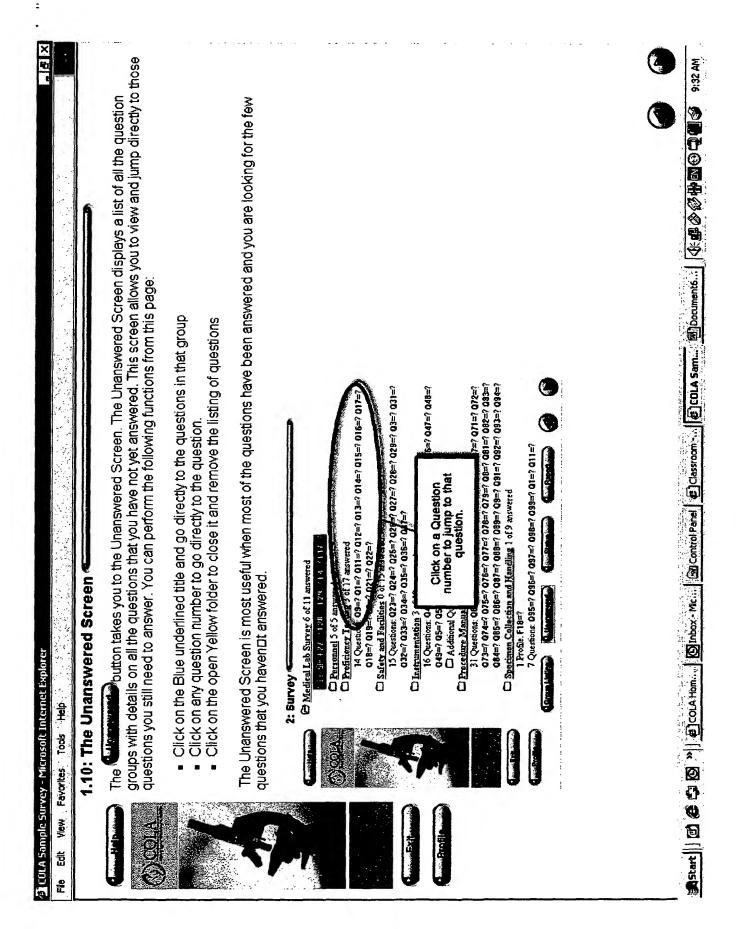
Return to Training Home Page

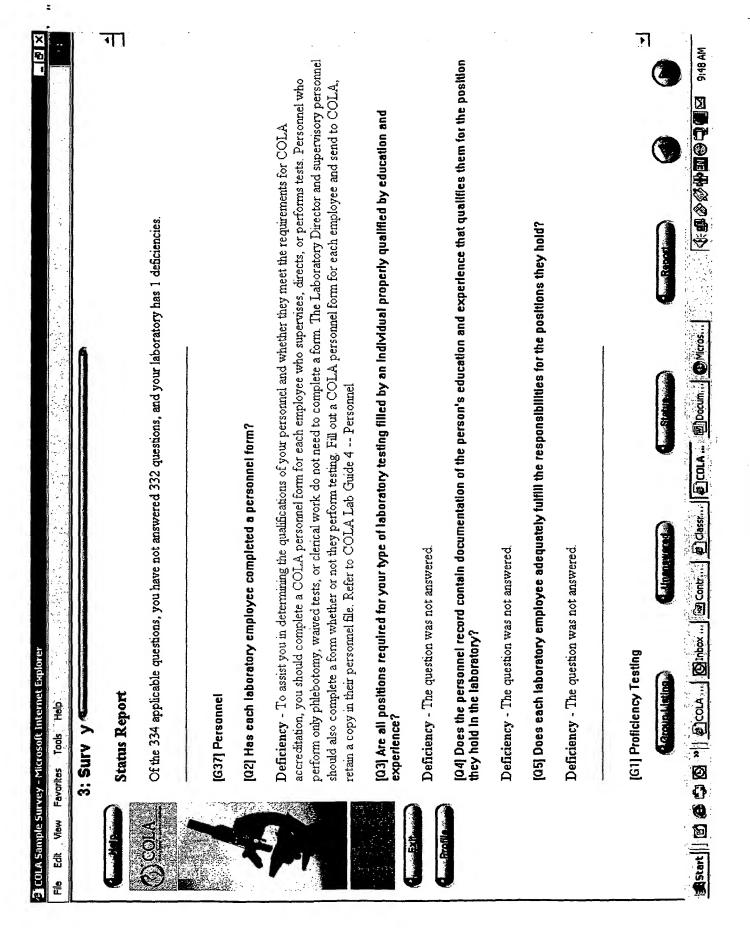
Please e-mail any comments, questions or problems to labuniversity@cola.org © 2002 Avilar Technologies, Inc.

FIGURE 5-a



3: St	3: Survey •	
Halphan Hall	Medical Lab Survey 11 of 11 answered	
	11 Frolik F24-Yes F2-Yes F22-Yes F23-Yes F25-Yes F26-Yes F27-Yes F2  Personnel 0 of 5 answered	28-Yes F29-Yes F4-Yes F17-Yes
S MOTHER	Proficiency Testing 0 of 17 answered	
	Safety and Facilities 0 of 15 answered	
	Instrumentation 0 of 19 answered	
	Additional Questions (F9=?)	
	Procedure Manual 0 of 34 answered	
	Specimen Collection and Handling 0 of 9 answered	
	Additional Questions (F5=?)	
BU	Additional Questions (F18=?)	
<b>1.</b>	☐ Test Tracking System 0 of 29 answered	
	General Quality Control 0 of 23 answered	
	Reagents, Controls, and Standards 0 of 6 answered	
	Li General Microbiology 0 of 15 answered  Racteriology Subspacialty (F7=7)	
	Mycobacteriology Subspecialty (F8=?)	
Extended for the second	Mycology Subspecialty (F11=?)	
	Parasitology Subspecialty (F12=?)	
Brofile	L Virology Subspecialty (F13=?)	
	General Immunology 0 of 3 answered	
	General Chemistry and Urinalysis 0 of 9 answered	
	Blood Gas Analysis Subspecialty 0 of 3 answered	
	☐ Hematology 0 of 9 answered	
	Additional Questions (F15=?)	
	_	
	Coagulation Subspecialty 0 of 3 answered	
	Immunohematology 0 of 6 answered	
	County of the second	Report





Group-Lighten	O.Yes	o Yes ∩ No	o Yes	⊙ Yes	C.No.	© Yes	© Yes CNo	o Yes	O No	° Yes	[G0] Medical Lab Survey	3: Survey
COUNTY CONTROLL OF THE COUNTY	nponents stor	[F29] Do you perform any High Complexity tests?	[F28] Do you perform any Immunohematology tests?	[F27] Do you perform any Coagulation tests?	[F26] Do you perform any Hematology tests?	[F25] Do you perform any Blood Gas Analysis?	[F23] Do you perform any Syphilis Serology tests?	[F22] Do you perform any Immunology tests?	[F2] Do you perform any Microbiology tests?	[F24] Do you perform any Chemistry or Urmalysis tests?	Survey Question	
										87	non	

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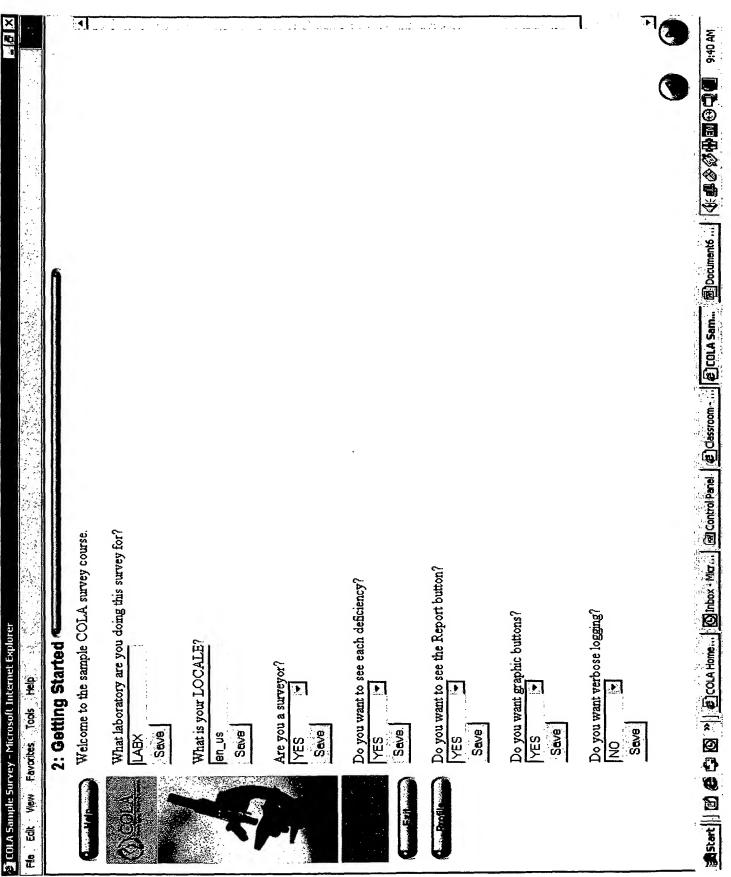


FIGURE 5 - i

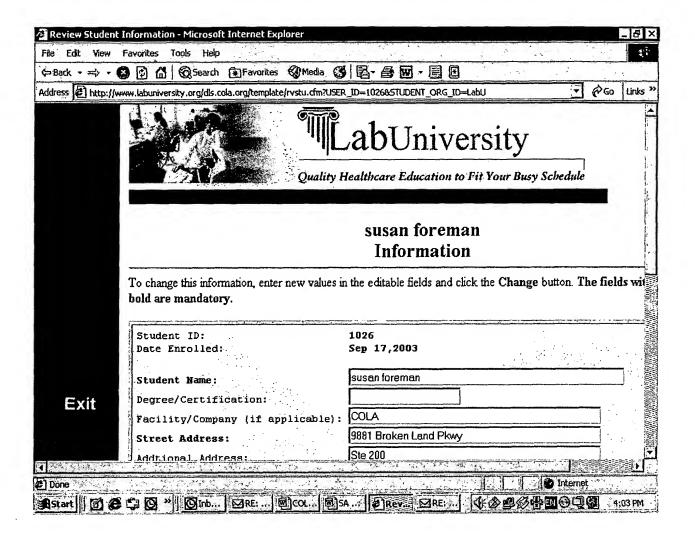


FIGURE 5-j